

<b>Case Number:</b>	CM14-0202145		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	02/11/2012
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49-year-old male with a date of injury as 02/11/2012. The injury occurred while the worker was cutting meat on a band saw and cut off his left index finger. The current diagnoses include open wound of the finger and amputation of the finger. Previous treatments include re-attachment of his severed left index finger, physical therapy, protective glove, and oral medications. Primary treating physician's reports dated 04/09/2014 through 10/21/2014 were included in the documentation submitted for review. Report dated 10/21/2014 noted that the injured worker presented with complaints that included the feeling of pins sticking out of his index finger. Physical examination revealed significant pain and stiffness in the left index and middle finger, decreased range of motion in the left index finger, definite atrophy of the left index finger, and hard palpable lumps underneath the skin at the PIP joint. The physician documented that the injured worker is currently taking Ibuprofen, and has no complaints of heartburn, nausea, or vomiting. The physician prescribed gabapentin and cyclobenzaprine for night time use to help with the burning and spasms and to help sleep at night. The omeprazole was prescribed to protect the injured worker from developing stomach irritation while using Ibuprofen. The injured worker is currently working full duty. The current diagnoses are: 1. Status-post 2/11/12 left upper extremity injury 2. Status-post 2/11/12 replantation of the left index finger and repair of left middle finger laceration 3. Status-post 7/26/12 left index tenolysis The utilization review report dated 11/05/2014 denied the request for cyclobenzaprine 7.5mg #60, and Omeprazole 20mg #60 based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Cyclobenzaprine 7.5 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers for pain Page(s): 63-66.

**Decision rationale:** The claimant presents with ongoing pain and paresthesias in the left index finger following amputation and replantation. The current request is for Cyclobenzaprine 7.5mg, #60. The treating doctor recommends this medication at night to help him with burning and spasm, and to help him sleep. Nowhere in the records available for review are there any indications that the claimant is complaining of spasms at night. The 10/21/14 attending physician report lists subjective complaints as "he still felt pins sticking out of his index finger." The MTUS guidelines state muscle relaxants are second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Guidelines also indicate this medication is not to be used longer than 2-3 weeks. There is no discussion of an acute exacerbation of his injury or further injury. The request for Cyclobenzaprine is not supported by the medical records. My recommendation is for denial.

**Omeprazole 20 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms Page(s): 68-69.

**Decision rationale:** The claimant presents with ongoing pain and paresthesias in the left index finger following amputation and replantation. The current request is for Omeprazole 20 mg #60. The MTUS guidelines recommends Omeprazole for the treatment of dyspepsia secondary to NSAID therapy. MTUS goes on to state for NSAIDs, GI symptoms and cardiovascular risk pages 68, 69 state, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the treating physician report dated 10/21/14 states that the patient is prescribed Gabapentin, Cyclobenzaprine and continued on Ibuprofen. There is no discussion of any dyspepsia or GI complaints and there is no diagnosis of GI disturbance. The patient is 49-years-old and there is no discussion of prior GI disturbances or discussion of corticosteroids, and/or anticoagulants, or high dose/multiple NSAID. There is no discussion in the records as to why the patient may be at risk of a gastrointestinal event. The current request for Omeprazole is not supported by medical necessity. Recommendation is for denial.

